som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Paid** **Parental Leave** |
|  | |  |  |

You are currently approved to be off work on a Paid Parental Leave from som\_leavestartdate. Letters of Understanding and Civil Service Regulation both require the child’s be presented within 31 days from the .

This letter serves as a reminder that the Disability Management Office has not received the documentation as of the date of this letter. If the documentation is not received in the Disability Management Office by the due date, your Paid Parental Leave approval may be revoked retroactive to the benefit start date and you may be required to pay the entire cost of the benefit received.

Please submit documentation to the Disability Management Office by email, mail or fax:

DMO  
P.O. Box 30002  
Lansing, Michigan 48909  
Fax 517-241-9926  
\*E-Mail [MCSC-DMO@michigan.gov](mailto:MCSC-DMO@michigan.gov)

*\*By choosing to email documentation, you accept the risks that unencrypted messages and any attachments can be intercepted, read, and copied by persons other than the intended recipient.*

If you are unable to provide the documentation by the due date, please contact the DMO at   
877-443-6362, Option 2 to advise your caseworker and to discuss other options that may be available.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor